

Due 5th of EACH Month

MONTHLY VACCINE REPORT FORM (Public)

VFC ID # _____

Name of Facility: _____ Person Filing: _____ Phone number: _____ Month: _____
 Year: _____

Vaccine	Doses on Hand Beg. of Month	Doses Rec. During Month	Doses Lost or Returned to State	Total Doses Available	Doses Administered By Age (In Years) Mandatory											Total Each Row	Total Doses Each Vaccine	Doses on Hand End of Month	Lot Numbers and Outdates	
					<1	1	2	3-4	5	6-9	10-14	15-19	20-24	25-44	45-64					65+
DTaP																		Total DTaP ↓		
DTaP/ IPV																		Total DTaP/ IPV ↓		
DTaP/IPV / HIB																		Total DTaP/IPV/ HIB ↓		
DTaP/IPV / Hep B																		Total DTaP/ IPV/Hep B ↓		
IPV																		Total IPV ↓		
HIB																		Total HIB ↓		
Pneumo (PCV13)																		Total PCV13 ↓		
PPV (23) High Risk																		Total PPV (23) ↓		
MMRV																		Total MMRV ↓		
Rotavirus 2-dose																		Total Rota ↓		
Rotavirus 3-dose																		Total Rota ↓		

MAIL ONLY: (If you fax you must mail a copy also) to Home IV Pharmacy, 2601 ½ Continental, Butte, MT 59701

PHHS-111 DPHHS (Revised 06/2010) UPDATED FORMS FOUND AT <http://immunization.mt.gov>

Facility Name: _____

Facility Address: _____

Phone: _____

VFC ID # _____

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					<1	1	2	3-4	5	6-9	10-14	15-19	20-24	25-44	45-64	65+				
MMR																		Total MMR ↓		
Varicella																		Total Var ↓		
Tdap																		Total Tdap ↓		
Td																		Total Td ↓		
Mening																		Total Mening ↓		
HPV																		Total HPV ↓		
Hep A																		Total Hep A ↓		
Hep A Adult																		Total Hep A Adult ↓		
Hep B																		Total Hep B ↓		
Hep B Adult																		Total HepB Adult ↓		
HepA/HepB (Twinrix)																		Total HepA/ Hep B ↓		
Other																				

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					<1	1	2	3-4	5	6-9	10-14	15-19	20-24	25-44	45-64	65+				
Flu .25 infant																		Total .25 Flu ↓		
Flu .50																		Total .5 Flu ↓		
Flumist																		Total Flumist ↓		
Flu Multi-Dose Vials																		Total Flu Multi-dose ↓		
Other																		Other ↓		

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